

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Council of Life Insurers Political Action Committee

ADDRESS (number and street)

101 Constitution Ave., NW

Suite 700

Check if different  
than previously  
reported. (ACC)

Washington

DC

20001

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00147066

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report(Q1)July 15  
Quarterly Report(Q2)October 15  
Quarterly Report(Q3)January 31  
Quarterly Report(YE)July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

03

01

2006

through

03

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Donald L. Walker

Signature of Treasurer

Electronically Filed by Mr. Donald L. Walker

Date

04

13

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		57647.24
(b) Cash on Hand at Beginning of Reporting Period .....	63299.60	
(c) Total Receipts (from Line 19) .....	24940.66	55088.02
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	88240.26	112735.26
7. Total Disbursements (from Line 31) .....	56808.69	81303.69
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	31431.57	31431.57
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	6416.94	12061.01
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	6023.72	10527.01
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	12440.66	22588.02
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	12500.00	32500.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	24940.66	55088.02
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	24940.66	55088.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	24940.66	55088.02

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	56308.69	80308.69
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	500.00	995.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	56808.69	81303.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	56808.69	81303.69

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	24940.66	55088.02
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	24940.66	55088.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)  
Mr. Michael J. BartholomewMailing Address 101 Constitution Avenue, NW  
Suite 700 WestCity State Zip Code  
Washington DC 20001-2133FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
InsurersOccupation  
Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77136285919

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)  
Gene Patrick Berry

Mailing Address 2301 Brambleton Avenue, SW

City State Zip Code  
Roanoke VA 24015-4701FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Shenandoah Life Insurance  
CompanyOccupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 15 / 2006

Transaction ID: 13410978

Amount of Each Receipt this Period

365.00

C. Full Name (Last, First, Middle Initial)  
Ms. Linda H. CunninghamMailing Address 101 Constitution Avenue, NW  
Suite 700 WestCity State Zip Code  
Washington DC 20001-2133FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
InsurersOccupation  
Managing Dir., Conference Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77136245919

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) .....

565.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Kimberly Dorgan			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 101 Constitution Avenue, NW Suite 700 West			<b>Transaction ID:</b> PR77139515919	
City Washington State DC Zip Code 20001-2133			Amount of Each Receipt this Period <div>313.54</div>	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer American Council of Life Insurers		Occupation Senior Vice President, Federal Relatio		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>940.62</div>		
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. J. Bruce Ferguson			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 101 Constitution Avenue, NW Suite 700 West			<b>Transaction ID:</b> PR77137325919	
City Washington State DC Zip Code 20001-2133			Amount of Each Receipt this Period <div>224.28</div>	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer American Council of Life Insurers		Occupation Senior Vice President, State Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>672.83</div>		
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. John P. Gerni			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 101 Constitution Ave, NW Suite 700			<b>Transaction ID:</b> PR77142875919	
City Washington State DC Zip Code 20001-2133			Amount of Each Receipt this Period <div>100.00</div>	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer American Council of Life Insurers		Occupation Senior Legislative Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>300.00</div>		

P/R Deduction (\$156.77 Se-  
mi-Monthly)

P/R Deduction (\$112.14 Se-  
mi-Monthly)

P/R Deduction (\$50.00 Sem-  
i-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

**637.82**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Morris Goff			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77141935919	
Mailing Address 101 Constitution Avenue, NW Suite 700 West			Amount of Each Receipt this Period 76.08	
City	State	Zip Code		
Washington	DC	20001-2133		
FEC ID number of contributing federal political committee. C				
Name of Employer American Council of Life Insurers		Occupation Vice President, Taxes		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 228.25	P/R Deduction (\$38.04 Semi-Monthly)	
<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Susan Harvey			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77143525919	
Mailing Address 101 Constitution Ave, NW Suite 700 West			Amount of Each Receipt this Period 100.00	
City	State	Zip Code		
Washington	DC	20001-2133		
FEC ID number of contributing federal political committee. C				
Name of Employer American Council of Life Insurers		Occupation Director, Outreach		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$50.00 Semi-Monthly)	
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Gary E. Hughes			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77135825919	
Mailing Address 101 Constitution Avenue, NW Suite 700 West			Amount of Each Receipt this Period 260.00	
City	State	Zip Code		
Washington	DC	20001-2133		
FEC ID number of contributing federal political committee. C				
Name of Employer American Council of Life Insurers		Occupation Executive Vice Pres & General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 780.00	P/R Deduction (\$130.00 Semi-Monthly)	

SUBTOTAL of Receipts This Page (optional) .....

436.08

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael J. Hunter

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Executive Vice President & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77141985919

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Se-  
mi-Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gregory F. Jenner

Mailing Address 101 Constitution Avenue Nw  
Suite 700

City State Zip Code  
Washington DC 20080-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Executive Vice President, Taxes

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77525895919

Amount of Each Receipt this Period

390.00

P/R Deduction (\$195.00 Se-  
mi-Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Frank Keating

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77141975919

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Se-  
mi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

1223.32

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Mr. David M. Leifer

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.75

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77137405919

Amount of Each Receipt this Period

94.58

P/R Deduction (\$47.29 Sem-  
i-Monthly)

Full Name (Last, First, Middle Initial)

**B.** Mr. Michael E Madden

Mailing Address 8305 20th Avenue NW

City State Zip Code  
Seattle WA 98117-3523

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Symetra Financial Corpora-  
tion

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 24 / 2006

Transaction ID: 13470710

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Mr. Daniel J. Mahoney

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Vice President, Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.50

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77142095919

Amount of Each Receipt this Period

111.50

P/R Deduction (\$55.75 Sem-  
i-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

706.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. John W. Mangan, CEBS

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
Insurers

Occupation  
Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 4 / 2 0 0 6

Transaction ID: PR77137715919

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Se-  
mi-Monthly)

B. Full Name (Last, First, Middle Initial)

Mr. James S. Mellema

Mailing Address P. O. Box 1625

City State Zip Code  
Binghamton NY 13902-1625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Security Mutual Life Insu-  
rance Company

Occupation  
Second Vice President - Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 4 / 2 0 0 6

Transaction ID: 13470722

Amount of Each Receipt this Period

225.00

C. Full Name (Last, First, Middle Initial)

Brenda Nation

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
Insurers

Occupation  
Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 4 / 2 0 0 6

Transaction ID: PR77141995919

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Sem-  
i-Monthly)

SUBTOTAL of Receipts This Page (optional) .....

525.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Mary Ann Peltier		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 2301 Brambleton Avenue, SW		
City Roanoke	State VA	Zip Code 24015-4701
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> 13591994
Name of Employer Shenandoah Life Insurance Company		Amount of Each Receipt this Period 300.00
Occupation Senior Vice President and Chief Actuar		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Maurice Perkins		Date of Receipt M M / D D / Y Y Y Y
Mailing Address 101 Constitution Ave, NW Suite 700		
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> PR80514915919
Name of Employer American Council of Life Insurers		Amount of Each Receipt this Period 131.34
Occupation Vice President, Financial Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 394.01

P/R Deduction (\$65.67 Semi-Monthly)

<b>C.</b> Full Name (Last, First, Middle Initial) Robert R. Peterson, Jr		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 2301 Brambleton Avenue, SW		
City Roanoke	State VA	Zip Code 24015-4701
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> 13591997
Name of Employer Shenandoah Life Insurance Company		Amount of Each Receipt this Period 300.00
Occupation Senior Vice President, Investments		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

**SUBTOTAL** of Receipts This Page (optional) .....

731.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Mr. Donald G. Preston Jr.

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Managing Director, Reinsurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.39

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77138645919

Amount of Each Receipt this Period

144.80

P/R Deduction (\$72.40 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B.** Mr. Ross L. Sargent

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.48

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR112048975919

Amount of Each Receipt this Period

83.34

P/R Deduction (\$41.67 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C.** Mr. Juan Carlos Scott

Mailing Address 101 Constitution Ave, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.50

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77142885919

Amount of Each Receipt this Period

112.50

P/R Deduction (\$56.25 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

340.64

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)

David C. Turner

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
Insurers

Occupation  
Sr. Vice President and Corp Sec.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.99

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77142895919

Amount of Each Receipt this Period

151.66

P/R Deduction (\$75.83 Sem-  
i-Monthly)

B. Full Name (Last, First, Middle Initial)

Ms. Debra K. West

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
Insurers

Occupation  
Senior Counsel & Director, Southern Re

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77142105919

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Sem-  
i-Monthly)

C. Full Name (Last, First, Middle Initial)

Mr. James P. Zachry

Mailing Address Tower Life Building

City State Zip Code  
San Antonio TX 78205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tower Life Insurance Comp-  
any

Occupation  
Chairman, President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 9 / 2 0 0 6

Transaction ID: 13681068

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1251.66

TOTAL This Period (last page this line number only) .....

6416.94

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 30

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Allianz Life Insurance Company PAC

Mailing Address 591 Redwood Highway #4000

City State Zip Code  
 Mill Valley CA 94941

FEC ID number of contributing  
federal political committee.

**C** C00095109

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 0 / 2 0 0 6

Transaction ID: 13410929

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** AXA Equitable PAC

Mailing Address c/o AXA Equitable Life Assurance S  
 1290 Avenue of the Americas

City State Zip Code  
 New York NY 10104

FEC ID number of contributing  
federal political committee.

**C** C00161901

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 3 0 / 2 0 0 6

Transaction ID: 13681076

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.** Penn Mutual PAC

Mailing Address Independence Square R2G

City State Zip Code  
 Philadelphia PA 19172

FEC ID number of contributing  
federal political committee.

**C** C00142372

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 3 0 / 2 0 0 6

Transaction ID: 13687368

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

12500.00

**TOTAL** This Period (last page this line number only) .....

12500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Back America's Conservatives PAC**

Mailing Address 616 E Street, NW  
Suite 802

City Washington State DC Zip Code 20004

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 13474928

Date of Disbursement

03 / 24 / 2006

Amount of Each Disbursement this Period

5000.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)

## **B. A Lot of People Who Support Jeff Bingaman**

Mailing Address 110-B East Broad Street

City Falls Church State VA Zip Code 22046

Purpose of Disbursement

Candidate Name  
Jeff Bingaman

Office Sought: ☐ House  
☒ Senate  
☐ President

State: NM District: 2

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 13360050

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)

## **C. Boren for Congress**

Mailing Address P.O. Box 149

City Okemah State OK Zip Code 74859

Purpose of Disbursement

Candidate Name  
Dan Boren

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OK District: 2

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 13474869

Date of Disbursement

03 / 24 / 2006

Amount of Each Disbursement this Period

500.00

011  
Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Dave Camp for Congress

Mailing Address P.O. Box 423

City  
Midland

State  
MI

Zip Code  
48640

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Dave Camp

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 4

Transaction ID: 13474926

Date of Disbursement

03 / 24 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Campbell For Congress

Mailing Address 4590 Macarthur Blvd. Suite 500

City  
Irvine

State  
CA

Zip Code  
92660

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. John Campbell

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 48

Transaction ID: 13514822

Date of Disbursement

03 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Steve Chabot For Congress

Mailing Address 3014 Harrison Ave.

City  
Cincinnati

State  
OH

Zip Code  
45211

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Steve Chabot

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 1

Transaction ID: 13360937

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Citizens for Action

Mailing Address P.O. Box 1535

City  
Wilkes-Barre

State  
PA

Zip Code  
18703

Purpose of Disbursement

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 13360296

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Cole for Congress

Mailing Address 12176 Chancery Station Circle

City  
Reston

State  
VA

Zip Code  
20190

Purpose of Disbursement

Candidate Name  
Tom Cole

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OK District: 4

Transaction ID: 13474868

Date of Disbursement

03 / 24 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Committee To Elect Artur Davis To Congress

Mailing Address Post Office Box 1845

City  
Birmingham

State  
AL

Zip Code  
35201

Purpose of Disbursement

Candidate Name  
Rep. Artur Davis

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL District: 7

Transaction ID: 13359989

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Mike Dewine For US Senate

Mailing Address PO Box 340188

City  
Columbus

State  
OH

Zip Code  
43234

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Sen. Mike DeWine

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 1

Transaction ID: 13360412

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** People for English

Mailing Address 104 Hume Ave

City  
Alexandria

State  
VA

Zip Code  
22301

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Phil English

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 3

Transaction ID: 13474867

Date of Disbursement

03 / 24 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** ERICPAC

Mailing Address 209 Pennsylvania Ave, SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 13360281

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 30

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Federal City Caterers**

Mailing Address 1119 12th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
In-Kind Contribution to New Democratic C

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 13369334

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

536.25

In-Kind Contribution to  
New Democratic Coalition  
PAC

Full Name (Last, First, Middle Initial)

## **B. Fossella for Congress**

Mailing Address P.O. Box 060248  
New Dorp Station

City Staten Island State NY Zip Code 10306

Purpose of Disbursement

Candidate Name  
Vito Fossella

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 13

Transaction ID: 13474883

Date of Disbursement

03 / 24 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Barney Frank for Congress**

Mailing Address 38 Ivy Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name  
Barney Frank

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 4

Transaction ID: 13515018

Date of Disbursement

03 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2536.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Jim Gerlach for Congress Committee

Mailing Address 911 Welsh Ayres Way

City State Zip Code  
Downingtown PA 19335

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Jim Gerlach

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 6

Transaction ID: 13359593

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Growth and Prosperity PAC

Mailing Address 217 Third Street, SE

City State Zip Code  
Washington DC 20003

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 13360132

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Hagel for Senate Committee

Mailing Address PO Box 241497

City State Zip Code  
Omaha NE 68124

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Chuck Hagel

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NE District: 1

Transaction ID: 13474931

Date of Disbursement

03 / 24 / 2006

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. People with Hart**

Mailing Address 217 Executive Drive  
Suite 102

City Cranberry Township State PA Zip Code 16066

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Melissa Hart

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 4

Transaction ID: 13514962

Date of Disbursement

03 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Hawkeye PAC**

Mailing Address P.O. Box 7255

City Des Moines State IA Zip Code 50309

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 13360461

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

## **C. Hooley for Congress**

Mailing Address 320 Massachusetts Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Darlene Hooley

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District: 5

Transaction ID: 13474871

Date of Disbursement

03 / 24 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Steve Israel for Congress Committee

Mailing Address PO Box 777

City Deer Park State NY Zip Code 11729

Purpose of Disbursement

Candidate Name  
Steve Israel

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 2

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13360836

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Johnson for Congress Committee

Mailing Address P.O. Box 1986

City New Brighton State CT Zip Code 06050

Purpose of Disbursement

Candidate Name  
Nancy Johnson

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CT District: 5

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13360774

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C.** Stephanie Tubbs Jones for US Congress

Mailing Address 611 Pennsylvania Ave, SE  
#353

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name  
Stephanie Jones

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OH District: 11

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13360883

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Keep Our Majority PAC**

Mailing Address 104 Hume Ave

City  
Alexandria

State  
VA

Zip Code  
22301

Purpose of Disbursement

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 13360362

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. Sue Kelly for Congress**

Mailing Address 1707 Prince Street, #7

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement

Candidate Name  
Sue Kelly

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 19

Transaction ID: 13359444

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Lucas for Congress**

Mailing Address Post Office Box 1726  
Post Office Box 1726

City  
Oklahoma City

State  
OK

Zip Code  
73101

Purpose of Disbursement

Candidate Name  
Frank Lucas

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OK District: 3

Transaction ID: 13474930

Date of Disbursement

03 / 24 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Ben Nelson for US Senate

Mailing Address 426 C Street, NE

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Ben Nelson

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NE District: 2

Transaction ID: 13360523

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** New Democratic Coalition PAC

Mailing Address c/o Perkins Coie  
607 14th Street, NW, Suite 800

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement

In-Kind Contribution

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 13369348

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

536.25

**[MEMO ITEM]**

In-Kind Contribution

Full Name (Last, First, Middle Initial)

**C.** Nancy Pelosi For Congress

Mailing Address 235 Montgomery Street  
Suite 610

City  
San Francisco

State  
CA

Zip Code  
94104

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Nancy Pelosi

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 8

Transaction ID: 13360570

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Pomeroy for Congress

Mailing Address Post Office Box 75214

City Washington State DC Zip Code 20013

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Earl Pomeroy

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ND District: 1

Transaction ID: 13360318

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Pomeroy for Congress

Mailing Address Post Office Box 75214

City Washington State DC Zip Code 20013

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Earl Pomeroy

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: ND District: 1

Transaction ID: 13474932

Date of Disbursement

03 / 24 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Price For Congress

Mailing Address PO Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Thomas Price, M.D.

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 6

Transaction ID: 13359867

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Pryce for Congress

Mailing Address 145 E. Rich Street

City  
Columbus

State  
OH

Zip Code  
43215

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Deborah Pryce

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: 13360017

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**B.** Rangel for Congress

Mailing Address PO Box 5577  
 Manhattanville Station

City  
New York

State  
NY

Zip Code  
10027

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Charles Rangel

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 15

Transaction ID: 13474929

Date of Disbursement

03 / 24 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Rogers for Congress

Mailing Address P.O. Box 65796

City  
Washington

State  
DC

Zip Code  
20035

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Mike Rogers

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 8

Transaction ID: 13360662

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Jim Ryun For Congress

Mailing Address PO Box 826

City  
Topeka

State  
KS

Zip Code  
66601

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Jim Ryun

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 2

Transaction ID: 13360108

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Team Sununu

Mailing Address PO Box 500

City  
Rye

State  
NH

Zip Code  
03870

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
John Sununu

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 2

Transaction ID: 13474757

Date of Disbursement

03 / 24 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** The Freedom Project

Mailing Address 111 C Street, SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 13474870

Date of Disbursement

03 / 24 / 2006

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 / 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Tiberi for Congress**

Mailing Address 1200 Trinity Drive

City  
AlexandriaState  
VAZip Code  
22314

Purpose of Disbursement

011  
Category/  
TypeCandidate Name  
Patrick TiberiOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 12

Transaction ID: 13474927

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	0	6

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Catering by Windows**

Mailing Address 1125 North Royal Street

City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
In-Kind Contribution011  
Category/  
TypeCandidate Name  
Mr. Juan VargasOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 51

Transaction ID: 13369271

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	0	6

Amount of Each Disbursement this Period

272.44

In-Kind Contribution

SUBTOTAL of Disbursements This Page (optional) .....

1272.44

TOTAL This Period (last page this line number only) .....

56308.69

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Juan 'Chuy' Hinojosa for Senate

Mailing Address District 20  
P.O. Box 1421

City State Zip Code  
Austin TX 78767

Purpose of Disbursement  
Juan Hinojosa, STATE SENATE TX

Candidate Name  
TX Sen. Juan Hinojosa

Office Sought: ☐ House  
☒ Senate  
☐ President

State: TX District: 20

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13360966

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	0	6

Amount of Each Disbursement this Period

500.00

Juan Hinojosa, STATE SENA-  
TE TX

**SUBTOTAL** of Disbursements This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

500.00